

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Date Received  
Official Use Only

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

Dominici

Ronn

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
12 APR -2 AM 11:46  
FILED  
MADERA COUNTY  
2012 MAR 30 AM 11:47

REBECCA KENT  
COUNTY CLERK

1. Office, Agency, or Court

Agency Name

County of Madera

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor, District 3

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Madera

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 29, 2012  
(month, day, year)

Signature

Dominici, Ronn Kent  
Form 700

Additional Offices

Name of Office Agency or Court: San Joaquin Valley Air Pollution Control District  
Division, Board District: Governing Board  
Your Position: Governing Board Member

Name of Office Agency or Court: Madera County Transportation Commission  
Division, Board District: Board of Commissioners  
Your Position: Commissioner

Name of Office Agency or Court: Madera County Economic Development Commission  
Division, Board District: Board of Commissioners  
Your Position: Commissioner

Name of Office Agency or Court: Madera County Remote Access Network Board  
Division, Board District: Board of Commissioners  
Your Position: Commissioner

Name of Office Agency or Court: San Joaquin River Conservancy  
Division, Board District: Governing Board  
Your Position: Governing Board Member - Alternate

Name of Office Agency or Court: IHSS Public Authority  
Division, Board District: Public Authority Board  
Your Position: Board Member

Name of Office Agency or Court: Redevelopment Agency  
Division, Board District: Governing Board  
Your Position: Board Member

Name of Office Agency or Court: Public Finance Authority  
Division, Board District: Governing Board  
Your Position: Board Member

Name of Office Agency or Court: Flood Control and Water Conservation Agency  
Division, Board District: Governing Board  
Your Position: Governing Board Member

Name of Office Agency or Court: First 5 Madera County Children's and Families Commission  
Division, Board District: Board of Commissioners  
Your Position: Commissioner

Name of Office Agency or Court: Local Agency Formation Commission  
Division, Board District: Board of Commissioners  
Your Position: Commissioner

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Dominici, Ronn Kent
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► NAME OF SOURCE  
Ashu Jain

ADDRESS (Business Address Acceptable)  
23 Nevada St, Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chevron Energy Solutions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 11	\$ 100.00	Dinner
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_